



South Coast Air Quality Management District
Form 400-A
Application Form for Permit or Plan Approval
 List only one piece of equipment or process per form.

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

Section A - Operator Information

1. Facility Name (Business Name of Operator to Appear on the Permit):	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):
3. Owner's Business Name (If different from Business Name of Operator):	

Section B - Equipment Location Address **Section C - Permit Mailing Address**

4. Equipment Location Is: Fixed Location Various Location (For equipment operated at various locations, provide address of initial site.) Street Address City , CA Zip Contact Name Title Phone # Ext. Fax # E-Mail:	5. Permit and Correspondence Information: Check here if same as equipment location address Address City ' State Zip Contact Name Title Phone # Ext. Fax # E-Mail:
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Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs

7. Reason for Submitting Application (Select only ONE):

7a. New Equipment or Process Application: New Construction (Permit to Construct) Equipment On-Site But Not Constructed or Operational Equipment Operating Without A Permit * Compliance Plan Registration/Certification Streamlined Standard Permit	7c. Equipment or Process with an Existing/Previous Application or Permit: Administrative Change Alteration/Modification Alteration/Modification without Prior Approval * Change of Condition Change of Condition without Prior Approval * Change of Location Change of Location without Prior Approval * Equipment Operating with an Expired/Inactive Permit *	<div style="border: 1px solid black; padding: 5px;"> <p align="center">Existing or Previous Permit/Application</p> <p>If you checked any of the items in 7c., you MUST provide an existing Permit or Application Number:</p> </div>
7b. Facility Permits: Title V Application or Amendment (Also submit Form 500-A1) RECLAIM Facility Permit Amendment	* A Higher Permit Processing Fee and additional Annual Operating Fees (up to 3 full years) may apply (Rule 301(c)(1)(D)(i)).	

8a. Estimated Start Date of Construction (mm/dd/yyyy): 8b. Estimated End Date of Construction (mm/dd/yyyy): 8c. Estimated Start Date of Operation (mm/dd/yyyy):

9. Description of Equipment or Reason for Compliance Plan (list applicable rule):

10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment / process)

11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less OR a not-for-profit training center) No Yes	12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment? If Yes, provide NOV/NC#: No Yes
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Section E - Facility Business Information

13. What type of business is being conducted at this equipment location?

14. What is your business primary NAICS Code? (North American Industrial Classification System)

15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes	16. Are there any schools (K-12) within 1000 feet of the facility property line? No Yes
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Section F - Authorization/Signature *I hereby certify that all information contained herein and information submitted with this application are true and correct.*

17. Signature of Responsible Official:	18. Title of Responsible Official:	19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) No Yes
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20. Print Name:	21. Date:	22. Do you claim confidentiality of data? (If Yes, see instructions.) No Yes
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23. Check List: Authorized Signature/Date Form 400-CEQA Supplemental Form(s) (ie., Form 400-E-xx) Fees Enclosed

AQMD USE ONLY	APPLICATION TRACKING #		CHECK #	AMOUNT RECEIVED \$		PAYMENT TRACKING #			VALIDATION
DATE	APP REJ	DATE	APP REJ	CLASS I III	BASIC CONTROL	EQUIPMENT CATEGORY CODE	TEAM	ENGINEER	REASON/ACTION TAKEN